Image# 14960781089 PAGE 1 / 11

FEC FORM 3Y

REPORT OF RECEIPTS AND DISBURSEMENTS

TORIWI 3X	For Other Than An Aut	norized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, to over the lines.	ype 12FE4M5
DEFENDERS OF FRE	EEDOM		
<u> </u>			
ADDRESS (number and street)	4141 TRINITY ROAD		
Check if different			
than previously reported. (ACC)	FRANKLIN		TN 37067 -
2. FEC IDENTIFICATION NU	JMBER ▼ CIT	TY▲	STATE ▲ ZIP CODE ▲
C C00523472		S THIS X NEW (N)	OR AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:		20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:			20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only) O (M7) Oct 20 (M10) Jan 31 (YE)
April 15 Quarterly Report (C	01)		
July 15 Quarterly Report (C	PRE-Election	Primary (12P)	General (12G) Runoff (12R)
October 15 Quarterly Report (C	Report for the:	Convention (12C	Special (12S)
January 31 Year-End Report (Y	/E) Election		in the State of
July 31 Mid-Year Report (Non-electio Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Election	on on	in the State of
5. Covering Period 01	M / D D / Y Y Y Y Y Y 1 Y 1 2014	through	03 31 2014
I certify that I have examined th	nis Report and to the best of	my knowledge and belie	f it is true, correct and complete.
Type or Print Name of Treasure	r Matthew Marchiori		
Signature of Treasurer Matth	hew Marchiori	[Electronically File	ed] Date 04 15 2014
NOTE: Submission of false, erron	eous, or incomplete informatio	n may subject the person	signing this Report to the penalties of 2 U.S.C. §437g.
Office Use Only			FEC FORM 3X Rev. 12/2004

Г	OF FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE RECEIPTS AND DISBURSEMENTS	Page 2
V	Write or Type Committee Name		
[DEFENDERS OF FREEDOM		
R	Report Covering the Period: From: 01	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	: 03 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2014		6050.82
	(b) Cash on Hand at Beginning of Reporting Period	6050.82	
	(c) Total Receipts (from Line 19)	10800.00	10800.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	16850.82	16850.82
7.	Total Disbursements (from Line 31)	9208.11	9208.11
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	7642.71	7642.71
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
	This committee has qualified as a multicand	lidate committee. (see FEC FORM 1M)	
	Fo	or further information contact:	
		Federal Election Commission 999 E Street, NW	

Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

DEFENDERS OF FREEDOM

	COLUMBNIA	COLUMN B	
I. Receipts	I. Receipts COLUMN A Total This Period		
Contributions (other than loans) From:			
(a) Individuals/Persons Other			
Than Political Committees			
(i) Itemized (use Schedule A)	5600.00	5600.00	
_			
(ii) Unitemized	0.00	0.00	
(iii) TOTAL (add			
Lines 11(a)(i) and (ii)▶	5600.00	5600.00	
	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees	0.00	0.00	
(such as PACs)(d) Total Contributions (add Lines		0.00	
(d) Total Contributions (add Lines			
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)▶	5600.00	5600.00	
Transfers From Affiliated/Other	7		
Party Committees	0.00	0.00	
rarty Committees	0.00	7 7	
. All Loans Received	0.00	0.00	
. 711 Eddie Hoodwaa	7		
Laca Baranmanta Basainad	0.00	0.00	
Loan Repayments Received	0.00	0.00	
Offsets To Operating Expenditures			
(Refunds, Rebates, etc.)	0.00	0.00	
(Carry Totals to Line 37, page 5)	7	0.00	
to Federal Candidates and Other			
Political Committees	5200.00	5200.00	
Other Federal Receipts	3230.00	7 7	
(Dividends, Interest, etc.)	0.00	0.00	
Transfers from Non-Federal and Levin Funds	0.00	0.00	
(a) Non-Federal Account			
(from Schedule H3)	0.00	0.00	
,	7	7	
(b) Levin Funds (from Schedule H5)	0.00	0.00	
(b) Leviii i unus (nom schedule 113)	7	0.00	
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00	
(6, 100 10, 10, 10, 10, 10, 10, 10, 10, 10			
. Total Receipts (add Lines 11(d),			
12, 13, 14, 15, 16, 17, and 18(c))▶	10800.00	10800.00	
. Total Federal Receipts			
(subtract Line 18(c) from Line 19)▶	10800.00	10800.00	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	5.00	3.00
Expenditures	4208.11	4208.11
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	4208.11	4208.11
Transfers to Affiliated/Other Party		
Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	5000.00	5000.00
Independent Expenditures	0.00	0.00
(use Schedule E)	0.00	0.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other		
Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds	· · ·	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
F		
Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) III ovinii Chara	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid Entirely	5.00	7 7 7
With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	9208.11	9208.11
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	9208.11	9208.11
from Line 31)	9206.11	9208.11

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	5600.00	5600.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5600.00	5600.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	4208.11	4208.11
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	4208.11	4208.11

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:				PAGE	6	OF		11	
(check only one)									
X	11a		11b		11c	12	2		
	13		14		15	16	6		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) DEFENDERS OF FREEDOM		
١.	Full Name (Last, First, Middle Initial) Daniel E Cash Mailing Address 5511 Dotson Rd		Date of Receipt 02 03 7 2014
	City Thompsons Station FEC ID number of contributing federal political committee.	State Zip Code TN 37079	Transaction ID : SA11AI.4427 Amount of Each Receipt this Period 600.00
	Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Construction Aggregate Year-to-Date ▼ 600.00	Receipt
3.	Full Name (Last, First, Middle Initial) Kent Davis Mailing Address 505 Skyhawk Place City Franklin FEC ID number of contributing federal political committee. Name of Employer Retired Receipt For: Primary General Other (specify) Other (specify)	State Zip Code TN 37064 C Occupation Retired Aggregate Year-to-Date ▼ 5000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
.	Full Name (Last, First, Middle Initial) Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) Other (specify)	State Zip Code C Occupation Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Amount of Each Receipt this Period
s	UBTOTAL of Receipts This Page (optional)	>	5600.00
T	OTAL This Period (last page this line number of	only)	5600.00

S П

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 OF 11 (check only one) 11a
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and a		erson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) A. BILL CASSIDY FOR US SENATE Mailing Address PO BOX 80505 City BATON ROUGE FEC ID number of contributing	State LA	Zip Code 70898	Date of Receipt 02 04 2014 Transaction ID : SA16.4426 Amount of Each Receipt this Period
federal political committee. Name of Employer Receipt For: 2014	Occupation	0543983 Year-to-Date ▼ 5200.00	Refund of Campaign Contribution
Full Name (Last, First, Middle Initial) B. Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) Other (specify)	C Occupation Aggregate	Zip Code Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State C Occupation Aggregate	Zip Code Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional	l)	······	5200.00

TOTAL This Period (last page this line number only).....

5200.00

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 8 OF 11						11		
ITEMIZED DISBU	JRSEMENTS		earate schedule(s) category of the	(check only one)				_			
			Summary Page	X_{2}		22	23	24	25		26
					27	28a	28b	280			30b
	om such Reports and Statemes, other than using the name										
NAME OF COMMITTE					70 10 01						
DEFENDERS	, ,										
DEFERBERO	SI TREEDOM										
Full Name (Last, First											
A. A2LPI Restaur	ant					Date of	Disburs	ement			
Mailing Address 212 1	Oth Ct					M M M		D /	2014		
Mailing Addices 212	20130					Ų1	-	17	2014		
City		State	Zip Code			Trans	aatian II	. CD24E			
Washington		DC	20003			irans	action ii) : SB21E	5.4444		
Purpose of Disbursem Catering	ent				7	Λ		Dialarma	41.	:- D	:
Candidate Name					_	Amount	of Each	n Disburse	ement tn	is Peri	100
Canadate Name				Category/ Type	/					437.20)
Office Sought:	House Disbursen	nent For:	2014	1,700			,	,			
	Senate	Primary	General								
		Other (spe	ecify) 🔻								
	trict:										
Full Name (Last, First	•					Data of	Diahura	amant			
B. Capitol Hill Clu	D						Disburs				
Mailing Address 300	First St SF					M = M	/ D	17	2014		
	10000										
City	5	State	Zip Code			Trans	action I	D : SB21E	3.4446		
Washington Purpose of Disbursem	ant	DC	20003								
Catering	CIII				7	Amount	of Each	n Disburse	ement th	is Peri	iod
Candidate Name				Category	,					-	
				Type	'		- 7			429.98	3
Office Sought:		nent For:	2014								
		Primary	General								
State: Dis	President trict:	Other (spe	ecity) 🔻								
Full Name (Last, First											
C. Jack's Bar-b-qu						Date of	Disburs	ement			
odoko bai b qi						M = M	/ D	D /	YY	Y Y	1
Mailing Address 416 B	3roadway					01	JЬ	14	2014	ı	
C:L.		N-4-	7:- C								
City Nashville		State TN	Zip Code 37203			Trans	action I	D : SB21E	3.4450		
Purpose of Disbursem			1		_						
Catering				1		Amount	of Each	Disburse	ement th	is Peri	iod
Candidate Name				Category	/					333.00	
Office Country	Havea Distance			Туре						333.00	ш
Office Sought:	ł _	nent For: Primary	2014 General								
		Other (spe									
State: Dis	trict:	(<i>37</i> ▼								
						_	-			_	=
SUBTOTAL of Disburse	ments This Page (optional)				•				12	200.18	
					_				-		
TOTAL This Period (las	t page this line number only)				•					-	

SCH	IEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 9 OF 11					
ITEN	MIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only					
	·	Detailed Summary Page	X 21b	22 23	24 25 26			
		, ,	27	28a 28b	28c 29 30b			
	nformation copied from such Reports and Staten commercial purposes, other than using the nam							
		le and address of any point	car committee to	SOIICIT CONTINUUTORS ITO	in such committee.			
I \	AME OF COMMITTEE (In Full)							
/ "	EFENDERS OF FREEDOM							
Fu	II Name (Last, First, Middle Initial)							
A . N	lapco Express			Date of Disbursemen	nt			
				M M / D D	/ Y Y Y Y			
Ma	ailing Address 7102 Commerce Way			02 07	2014			
Cit	hy C	State Zip Code						
	entwood	TN 37027		Transaction ID : SI	321B.4436			
Pu	rpose of Disbursement							
Т	ravel			Amount of Each Disl	oursement this Period			
Ca	andidate Name		Category/		203.89			
~	O		Туре		203.09			
Of		nent For: 2014 Primary General						
		Primary General Other (specify) ▼						
Sta	ate: District:	Other (specify)						
Fu	II Name (Last, First, Middle Initial)							
	Southwest Airlines			Date of Disbursemen	nt			
_				M M / D D	/ Y Y Y Y Y			
Ma	ailing Address PO. Box 36647			01 06	2014			
Cit	ty S	State Zip Code		Transaction ID - C	D24D 442E			
	allas	TX 75235		Transaction ID : S	BZ1B.4435			
	rpose of Disbursement ravel			American of Feels Diel	home and the Desired			
	andidate Name			Amount of Each Disi	oursement this Period			
Oc	andidate manie		Category/ Type		1231.50			
Of	fice Sought: House Disbursen	nent For: 2014	Туре		, , , , , , , , , , , , , , , , , , , ,			
		Primary General						
	President	Other (specify)						
Sta	ate: District:							
	Il Name (Last, First, Middle Initial)							
C. T	he Standard			Date of Disbursemer	nt			
	piling Address 467 Dags Dayle Divid			M M / D D	2014			
IVI	ailing Address 167 Rosa Parks Blvd.			01 22	2014			
Cit	ty S	State Zip Code		Transaction ID O	DOAD 4444			
Na	ashville	TN 37203		Transaction ID : Si	DZ I D.444T			
	rpose of Disbursement satering							
	Candidate Name			Amount of Each Disl	oursement this Period			
Oc	andidate marile		Category/ Type		300.00			
Of	fice Sought: House Disbursen	nent For: 2014	Type	-	7			
		Primary General						
	President	Other (specify) ▼						
St	ate: District:							
SUB	TOTAL of Disbursements This Page (optional)				1735.39			
			-					
ј тот	AL This Period (last page this line number only)		·····					

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 10 OF 1					
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	(check only one)				
	Detailed Summary Page	X 21b 27	22 23	24 25 26 28c 29 30b			
Annatur formation and the second seco			28a 28l				
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam							
NAME OF COMMITTEE (In Full)							
DEFENDERS OF FREEDOM							
/							
Full Name (Last, First, Middle Initial)			Date of Disbur	comont			
Troy Brewer CPA Inc.				Sement			
Mailing Address 6213 Charlotte Ave			02	12 2014			
Suite 112							
,	State Zip Code TN 37209		Transaction	ID : SB21B.4429			
Nashville Purpose of Disbursement	TN 37209						
Accounting/Compliance			Amount of Eac	ch Disbursement this Period			
Candidate Name		Category/		200.00			
		Type		900.00			
	nent For: 2014						
	Primary General Other (specify) ▼						
State: District:	onior (opeony) ▼						
Full Name (Last, First, Middle Initial)							
J.			Date of Disbur	sement			
			M = M / D	D / Y Y Y Y Y			
Mailing Address							
City	state Zip Code						
	, , , , , , , , , , , , , , , , , , ,						
Purpose of Disbursement							
Candidate Name			Amount of Eac	ch Disbursement this Period			
Candidate Name		Category/ Type					
Office Sought: House Disbursem	nent For:	туре					
Senate	Primary General						
	Other (specify) ▼						
State: District:							
Full Name (Last, First, Middle Initial)			Date of Disbur	comont			
•				D / Y Y Y Y			
Mailing Address			- M - M / D				
City	state Zip Code						
Purpose of Disbursement							
·			Amount of Fac	ch Disbursement this Period			
Candidate Name		Category/	7 0. 200				
		Туре					
Office Sought: House Disbursem							
	Primary General Other (specify) ▼						
State: District:	Orner (specify)						
2.55							
SUBTOTAL of Disbursements This Page (optional)				900.00			
			-				
TOTAL This Period (last page this line number only).				3835.57			

Description Disbursement Disb	SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 11 OF 11					
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions of or for commercial purposes, other than using the name and address of any political committee to solicit confributions from such committee. NAME OF COMMITTEE (in Full) DEFENDERS OF FREEDOM Full Name (Last, First, Middle Initial) A. JONI ERNST FOR US SENATE INC Mailing Address PO BOX 93441 City DES MOINES IA 50383 Purpose of Disbursement Campaign Contribution Candidate Name Office Sought: House President Primary General Purpose of Disbursement Candidate Name Office Sought: House State: Zip Code Purpose of Disbursement Candidate Name Office Sought: House State: Zip Code Purpose of Disbursement Candidate Name Office Sought: House State: Zip Code Purpose of Disbursement Candidate Name Office Sought: House State: Zip Code Purpose of Disbursement Candidate Name Office Sought: House State: Zip Code Purpose of Disbursement Candidate Name Office Sought: House State: Zip Code Purpose of Disbursement Candidate Name Office Sought: House State: Zip Code Purpose of Disbursement Candidate Name Office Sought: House State: Zip Code Purpose of Disbursement Candidate Name Office Sought: House State: Zip Code Purpose of Disbursement Candidate Name Office Sought: House State: Zip Code Purpose of Disbursement Category/ Type Office Sought: House State: Zip Code Purpose of Disbursement Category/ Type Office Sought: House State: Zip Code Purpose of Disbursement Category/ Type Office Sought: House State: Zip Code Purpose of Disbursement Category/ Type Office Sought: House Souate President Disbursement For: Souate President Disbursement For: Souate Souate President Disbursement For: Souate	ITEMIZED DISBURSEMENTS		(check only					
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) DEFENDERS OF FREEDOM Full Name (Last, First, Middle Initial) A, JONI ERNST FOR US SENATE INC Mailing Address PO BOX 93441 City DES MOINES IA 50383 Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General			I 📖					
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) DEFENDERS OF FREEDOM Full Name (Last, First, Middle Initial) JOHI ERNST FOR US SENATE INC Mailing Address PO BOX 93441 Disbursement Campaign Contribution Candidate Name Disbursement For: 2014 State: IA District: 00 Full Name (Last, First, Middle Initial) John State: IA District: 00 Full Name (Last, First, Middle Initial) John State: IA District: 00 Purpose of Disbursement Candidate Name Office Sought: House Disbursement For: 2014 State: Zip Code Purpose of Disbursement Candidate Name Office Sought: House Disbursement For: 2014 Amount of Each Disbursement this Period Amount of Each Disbursement this Period Category/ Type Office Sought: House Disbursement For: 2014 Category/ Type Office Sought: House Disbursement For: 2014 Amount of Each Disbursement this Period Category/ Type Office Sought: House District: District: On Category/ Type Office Sought: House President Disbursement For: 2014 Amount of Each Disbursement this Period Category/ Type Date of Disbursement this Period	Any information conicd from such Departs and Claims	onto mou not be cald as con-						
Full Name (Last, First, Middle Initial) A. JONI ERNST FOR US SENATE INC Mailing Address PO BOX 93441 City State Zip Code DES MOINES IA 50393 Propose of Disbursement Candidate Name City State Zip Code Disbursement For: 2014 Senate President Other (specify) ▼ State: Disbursement Category/ Type Office Sought: House President Category/ Full Name (Last, First, Middle Initial) State: Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House President State: District Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Period Category/ Type Amount of Each Disbursement this Period Category/ Type Amount of Each Disbursement this Period Category/ Type State: District State: District Sanate President State: District Substorement This Page (optional) Substorement This Page (optional) Substorement This Page (optional)								
Full Name (Last, First, Middle Initial) A. JONI ERNST FOR US SENATE INC Mailing Address PO BOX 93441 City DES MOINES DES MOINES Purpose of Disbursement Campaign Contribution Candidate Name Office Sought: State District: City State President State: District: Dist	NAME OF COMMITTEE (In Full)							
A JONI ERNST FOR US SENATE INC Mailing Address PO BOX 93441 City State Zip Code IA 50393 Purpose of Disbursement Campaign Contribution Candidate Name Condidate Name Na	DEFENDERS OF FREEDOM							
A JONI ERNST FOR US SENATE INC Mailing Address PO BOX 93441 City State Zip Code IA 50393 Purpose of Disbursement Campaign Contribution Candidate Name Condidate Name Na	Full Name (Leet First Middle Initial)		<u> </u>					
Mailing Address PO BOX 93441 City		r		Date of Disburs	ement			
City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name Category' Senate President Category' Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Period Category' Sought: House Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name Category'								
DES MOINES Purpose of Disbursement Campaign Contribution Candidate Name Category/ Office Sought: House President State: Possident State: Purpose of Disbursement Category/ Type Office Sought: House President State: Primary State Disbursement Category/ Type Office Sought: Amount of Each Disbursement this Period Category/ Type Date of Disbursement Amount of Each Disbursement Category/ Type Office Sought: Full Name (Last, First, Middle Initial) Amount of Each Disbursement Category/ Type Office Sought: Full Name (Last, First, Middle Initial) State: District: Full Name (Last, First, Middle Initial) Category/ Type Office Sought: Full Name (Last, First, Middle Initial) Category/ Type Office Sought: Full Name (Last, First, Middle Initial) Category/ Type Office Sought: Full Name (Last, First, Middle Initial) Category/ Type Office Sought: Full Name (Last, First, Middle Initial) Category/ Type Office Sought: Full Name (Last, First, Middle Initial) Category/ Type Office Sought: State: Disbursement Category/ Type Office Sought: Office Sought: State: Disbursement For: Senate Primary General Other (specify) ▼ State Sought: Other (specify) ▼ Subtotal of Disbursement this Period Category/ Type Office Sought: Subtotal of Disbursement this Period Category/ Type Office Sought: Subtotal of Disbursement this Period	Mailing Address PO BOX 93441			03 2	25 2014			
DES MOINES Purpose of Disbursement Campaign Contribution Candidate Name Category/ Office Sought: House President State: Possident State: Purpose of Disbursement Category/ Type Office Sought: House President State: Primary State Disbursement Category/ Type Office Sought: Amount of Each Disbursement this Period Category/ Type Date of Disbursement Amount of Each Disbursement Category/ Type Office Sought: Full Name (Last, First, Middle Initial) Amount of Each Disbursement Category/ Type Office Sought: Full Name (Last, First, Middle Initial) State: District: Full Name (Last, First, Middle Initial) Category/ Type Office Sought: Full Name (Last, First, Middle Initial) Category/ Type Office Sought: Full Name (Last, First, Middle Initial) Category/ Type Office Sought: Full Name (Last, First, Middle Initial) Category/ Type Office Sought: Full Name (Last, First, Middle Initial) Category/ Type Office Sought: Full Name (Last, First, Middle Initial) Category/ Type Office Sought: State: Disbursement Category/ Type Office Sought: Office Sought: State: Disbursement For: Senate Primary General Other (specify) ▼ State Sought: Other (specify) ▼ Subtotal of Disbursement this Period Category/ Type Office Sought: Subtotal of Disbursement this Period Category/ Type Office Sought: Subtotal of Disbursement this Period	City	State Zin Code						
Purpose of Disbursement Candidate Name Office Sought: House	-			Transaction ID) : SB23.4431			
Candidate Name Category/ Type Sound Senate President State: IA District: 00 Senate President State: Disbursement Senate President State: District: Disbursement Disb	Purpose of Disbursement	1111						
Office Sought: House Senate President State: IA District: 00 Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Date of Disbursement Tor: Category/ Type Office Sought: House Primary General President State: District: Full Name (Last, First, Middle Initial) Date of Disbursement this Period Amount of Each Disbursement this Period Category/ Type Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Date of Disbursement Category/ Type Office Sought: House Senate President Senate Presi				Amount of Each	Disbursement this Period			
Office Sought: House Senate President State: IA District: 00 Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Period Candidate Name Category/ Office Sought: House Disbursement For: Senate President District: Full Name (Last, First, Middle Initial) Date of Disbursement this Period Category/ Type District:	Candidate Name				5000.00			
State: IA District: 00 Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name City State District: Full Name (Last, First, Middle Initial) State: District: Full Name (Last, First, Middle Initial) Candidate Name City State Zip Code Purpose of Disbursement For: Senate Prisident Other (specify) ▼ Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Tor: Senate Prisident Other (specify) ▼ Amount of Each Disbursement this Period Category/ Type Office Sought: House Disbursement For: Candidate Name City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name Coategory/ Type Office Sought: House Prisident Other (specify) ▼ State: District: State: Disbursement For: Senate Prisident Other (specify) ▼ Substortal of Disbursements This Page (optional)	Office Sought: House Disburgon	nent For: 2014	Туре	7	7			
State: IA District: 00 Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House President Primary General Primary General City State Zip Code Pull Name (Last, First, Middle Initial) State: District: Parenate President State: District: Mailing Address City State Zip Code Purpose of Disbursement For: Primary General Category/ Type City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: Primary General Category/ Type Office Sought: House Disbursement For: Primary General Category/ Type Office Sought: House Disbursement For: Primary General Category/ Type Office Sought: House Disbursement For: Primary General Category/ Type State: District: Primary General Category/ Type Office Sought: House President Other (specify) ▼								
Amount of Each Disbursement Category/ Type		-						
Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Primary General President State Zip Code Purpose of Disbursement City State Zip Code Purpose of Disbursement Category/ Type Other (specify) ▼ Date of Disbursement this Period Category/ Type Date of Disbursement this Period Category/ Type Amount of Each Disbursement Category/ Type Office Sought: House Disbursement For: Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ State: District: Substock State: District: Sought: Primary General Other (specify) ▼ Substock Substoc	State: IA District: 00	·						
City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General President State: District: Full Name (Last, First, Middle Initial) Candidate Name City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Amount of Each Disbursement this Period Category/ Type Category/ Type Office Sought: House Senate Primary General Primary General Other (specify) ▼ State: District: Substotal of Disbursements This Page (optional)								
City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District: City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District: Substortal of Disbursements This Page (optional)	В.			Date of Disburs				
City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Date of Disbursement Category/ Type Amount of Each Disbursement this Period Category/ Type Amount of Each Disbursement Amount of Each Disbursement Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District: Substract Sub	Mailing Address			M M / D	D / Y Y Y Y Y			
Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Candidate Name Candidate Name Candidate Name Candidate Name Candidate Name Disbursement Candidate Name Category/ Type Office Sought: House Primary General Other (specify) Senate Primary General Other (specify) State: District: Substitution: Senate Primary General Other (specify) State: District: State: District: State: Disbursements This Page (optional)	Mailing Address							
Candidate Name Category/ Type	City	State Zip Code						
Candidate Name Category/ Type	Purpose of Dishursement							
Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Candidate Name Candidate Name Candidate Name Candidate Name Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ State: District: Substortal of Disbursements This Page (optional)	Fulpose of Disbuisement			Amount of Each	Disbursement this Period			
Office Sought: House Disbursement For: Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Candidate Name Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) State: District: Substitution of Each Disbursement this Period Category/ Type Office Sought: House Senate Primary General Other (specify) State: District: Substitution of Each Disbursement this Period State: District: Sought: State: District: Sought: State: District: Sought: State: District: Sought: State: St	Candidate Name	I	Category/					
Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Candidate Name Candidate Name Disbursement For: Senate Primary General Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) State: District: SUBTOTAL of Disbursements This Page (optional)								
State: District: Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Candidate Name Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) State: District: Substate: District: 5000.00								
State: District: Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General Other (specify) State: District: SUBTOTAL of Disbursements This Page (optional)		-						
Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Primary General President Other (specify) State: District: Subtrotal of Disbursements This Page (optional)		Other (specify)						
Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District: SUBTOTAL of Disbursements This Page (optional)								
City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Primary General Other (specify) ▼ State: District: SUBTOTAL of Disbursements This Page (optional)	C.			Date of Disburs	ement			
Candidate Name Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) State: District: Substitute State: Disbursements This Page (optional)				M M / D	D / Y Y Y Y			
Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) ▼ State: District: Substruct: Force Sought: Disbursement For: Force Senate Primary General Other (specify) ▼	Mailing Address				_			
Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District: Substruct: Formula General Other (specify) ▼ Substruct: Formula General Other (specify) ▼	City	State Zip Code						
Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ State: District: Subtrotal of Disbursements This Page (optional)	,	p						
Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼ Subtrotal of Disbursements This Page (optional)	Purpose of Disbursement							
Office Sought: House Disbursement For: Senate Primary General President Other (specify) State: District: Subtrotal of Disbursements This Page (optional)	Condidate Name			Amount of Each	Disbursement this Period			
Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼ Subtrotal of Disbursements This Page (optional)	Candidate Name		Category/					
Senate Primary General Other (specify) ▼ State: District: SUBTOTAL of Disbursements This Page (optional)	Office Sought: House Disbursen	nent For:	1,400					
State: District: SUBTOTAL of Disbursements This Page (optional)		Primary General						
SUBTOTAL of Disbursements This Page (optional)		Other (specify) ▼						
500 00	State: District:							
500 00					5000.00			
TOTAL This Period (last page this line number only)	SUBTUTAL of Disbursements This Page (optional)		·····		3000.00			
	TOTAL This Period (last nage this line number only)				5000.00			